

**SECOND INTERIM NARRATIVE REPORT – Postmarked by
January 16, 2007**

For the months of September, October, November, December 2006

TENNESSEE DEPARTMENT OF STATE

Tennessee State Library and Archives

FY 2006-07 LIBRARY SERVICES AND TECHNOLOGY ACT

Library Services for the Disadvantaged Direct Service Grant

Library: _____

Address: _____
(P.O. Box or Street) (City) (Zip Code)

e-mail address: _____ Phone: (____) _____

Total Amount of Grant: \$ _____

1. List each projected Outcome and indicate the progress that has been made toward reaching it. Please refer to the outcome/activities sections and report the progress of those items. (Use an additional sheet, if necessary):

2. Are the activities included in your timeline completed as scheduled?
_____ Yes _____ No

If NO, please list those activities that have not been completed as scheduled, explain the delay and indicate the revised target date to complete the activities. (Use an additional sheet, if necessary):

Signature: _____ Date: _____
Project Director

Signature: _____ Date: _____
Project Administrator

Signature: _____ Date: _____
Library Board Chairperson/Authorized Agent